



Individual Professional Development Plan for Achieving Highly Qualified Status

Teacher Name: _____ Teacher's Assignment: _____

License: _____ Valid Period: _____

Copy Information from the teacher's certificate

_____ is properly licensed for the teaching assignment indicated above.

(Teacher Name)

As of the date of this Agreement, _____ has not demonstrated core academic subject knowledge and teaching skills through an approved state option. During the 2011 - 2012 school year,

(Teacher Name)

_____ will use the following **option** to achieve highly qualified teacher status.

(Teacher Name)

Place a check mark in front of the option that will be implemented:

_____ Elementary Praxis II Test. Elem, Educ.: Curriculum, Instruction and Assessment (code 0011)

_____ Subject-specific, state-approved Praxis II test for middle or secondary grades (code _____)

_____ Other (describe) _____

_____ will complete the following **actions** to accomplish the option

(Teacher Name)

Name and describe action(s) and provide a timeline for completion:

_____, through the leadership of _____ will provide the following support to facilitate accomplishment of the option indicated:

(District Name)

(Name of District Administrator)

Name and describe action, provide funding source(s) and amount(s), and provide completion date.

_____ understands that WDE will provide oversight and monitoring for implementation of district and teacher plan(s) for ensuring that all core academic subject teachers are highly qualified.

(District Name)

(Principal Signature)

(Date)

(Teacher Signature)

(Date)

(District Authorized Signature)

(Date)